

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # _____ BUILDING PERMIT # _____
---	---	---

BUILDING ADDRESS: _____ SUITE/APT: _____ SUBDIVISION: _____ CENSUS TRACT: _____ SECTION: _____ AREA: _____ LOT: _____ TAX MAP: _____ PARCEL: _____ BLOCK: _____ ZONE: _____ PROPERTY ID: _____ MAP COORDINATES: _____ TYPE OF IMPROVEMENTS: _____ USE: _____	OWNERS NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ HOME PHONE: _____ WORK PHONE: _____
---	---

<table style="width: 100%;"> <tr> <th style="text-align: center;"><u>CHECK ONE</u></th> <th style="text-align: center;"><u>HOW MANY</u></th> </tr> <tr> <td>SINGLE FAMILY DWELLING <input type="checkbox"/></td> <td>_____ ZONES</td> </tr> <tr> <td>SINGLE FAMILY TOWNHOUSE <input type="checkbox"/></td> <td>_____ ZONES</td> </tr> <tr> <td>MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/></td> <td>_____ ROOMS</td> </tr> <tr> <td>ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/></td> <td>_____ ROOMS</td> </tr> </table>	<u>CHECK ONE</u>	<u>HOW MANY</u>	SINGLE FAMILY DWELLING <input type="checkbox"/>	_____ ZONES	SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	_____ ZONES	MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	_____ ROOMS	ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	_____ ROOMS	COMPANY NAME: _____ LICENSEE NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____ HVACR LICENSE NO: _____
<u>CHECK ONE</u>	<u>HOW MANY</u>										
SINGLE FAMILY DWELLING <input type="checkbox"/>	_____ ZONES										
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	_____ ZONES										
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	_____ ROOMS										
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	_____ ROOMS										

New <input type="checkbox"/> Heating and Air Conditioning <input type="checkbox"/> Heating System Only <input type="checkbox"/> Other Work (Describe): <input type="checkbox"/> Geo Thermal System <input type="checkbox"/> Ductless Mini Splits <input type="checkbox"/> Thru The Wall Systems		
Replacement <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning	Additions and Alterations <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning	

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

Zones Permit Fee = # of Zones x \$40 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee <u>\$50.00</u> Total Fees Due = _____	Rooms Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</u> Total Fees Due = _____
---	--

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

 SIGNATURE OF LICENSEE DATE

 PRINT NAME OF LICENSEE

 Email Address

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Word doc: T:\Updated Forms\hvac application
 Rev:10.2009

Validation Check Number: _____ Cash: _____ Receipt Number: _____
--